



Extenuating Circumstances Petition

Submit completed form and supporting documents directly to
the Extenuating Circumstances Committee:

Email: appeals.committee@cftp.edu

Please allow at least two weeks for Committee review.

PART 1: STUDENT INFORMATION

DATE:	STUDENT ID:
NAME:	
PHONE:	EMAIL:

PART 2: ENROLLMENT INFORMATION

Please specify the program or single course enrollment that was affected by your extenuating circumstances.

<input type="checkbox"/> CFP® Certification Education <input type="checkbox"/> Program <input type="checkbox"/> Single Course: _____ <input type="checkbox"/> LUTCF <input type="checkbox"/> Program <input type="checkbox"/> Course: _____ <input type="checkbox"/> Master of Science in Personal Financial Planning Course: _____ <input type="checkbox"/> Master of Science in Finance Course: _____	<input type="checkbox"/> AAMS® <input type="checkbox"/> APMA® <input type="checkbox"/> AWMA® <input type="checkbox"/> CRPC® <input type="checkbox"/> CRPS® <input type="checkbox"/> CSRIC™ <input type="checkbox"/> FPQP™ <input type="checkbox"/> WMS SM
<input type="checkbox"/> CFP® Exam Prep Review <input type="checkbox"/> CE (Continuing Education) Coursework	

PART 3: REQUESTED RESOLUTION

<input type="checkbox"/> Course extension Please specify the amount of time requested: _____
<input type="checkbox"/> Refund of course tuition
<input type="checkbox"/> Refund of fee(s)
<input type="checkbox"/> Refund of program tuition
<input type="checkbox"/> Refund of CFP® Exam Prep Review tuition
<input type="checkbox"/> Waiver of fee(s) Please specify which fee(s): _____
<input type="checkbox"/> Other Please specify: _____



Extenuating Circumstances Petition

Submit completed form and supporting documents directly to
the Extenuating Circumstances Committee:

Email: appeals.committee@cftp.edu

Please allow at least two weeks for Committee review.

PART 4: EXTENUATING CIRCUMSTANCES

The following conditions are examples of appropriate for exceptions to College policy:

1. Unforeseen medical incapacitation or physical or mental illness that took place during an active enrollment in a course and/or program
2. Death of an immediate family member (e.g. parent, sibling, child, spouse, domestic partner), or someone for whom you are the documented primary caretaker, which took place during an active enrollment in a course and/or program
3. Other severe and unforeseen circumstances that took place during active enrollment in a course and/or program

Cancellation and withdrawal refund dates are widely publicized. Therefore, requests based on lack of awareness of dates will not be reviewed. In addition, requests **will not** be considered if:

1. Your circumstances did not take place during an active enrollment in a course and/or program
2. You received a final grade or an Incomplete for the course
3. You had a pre-existing condition that began or exacerbated prior to enrollment
4. You did not have access to required technology (internet access, functioning computer, etc.)
5. Your responsibilities at work increased

Requests submitted without supporting documentation will be held for seven (7) calendar days from the date of receipt while awaiting supporting documentation. If after seven calendar days supporting documentation is not received, the petition will be dismissed.

Please explain, in detail, the extenuating circumstances surrounding why you are petitioning for an exception to College policy. Events outlined in this section must be supported with documentation.



Extenuating Circumstances Petition

Submit completed form and supporting documents directly to
the Extenuating Circumstances Committee:

Email: appeals.committee@cftp.edu

Please allow at least two weeks for Committee review.

PART 5: AGREEMENT AND SIGNATURE

I understand that this request must be signed and submitted to the College for Financial Planning's Extenuating Circumstances Committee along with supporting documentation.

Student Signature

Date

-----**FOR OFFICIAL USE ONLY**-----

<u>COMMITTEE DECISION</u>					
Request Summary					
Dates of course/program enrollment:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">_____</td> <td style="border: none; width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;"><i>(Start date)</i></td> <td style="border: none; text-align: center;"><i>(End date)</i></td> </tr> </table>	_____	_____	<i>(Start date)</i>	<i>(End date)</i>
_____	_____				
<i>(Start date)</i>	<i>(End date)</i>				
Date(s) of supporting documentation: <i>(must fall within the enrollment time frame)</i>					
Reason:					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Notes:				
<i>Committee Chair Signature</i>	<i>Date</i>				
<i>Committee Member Signature</i>	<i>Date</i>				
<i>Committee Member Signature</i>	<i>Date</i>				
<i>Committee Member Signature</i>	<i>Date</i>				
<input type="checkbox"/> Student Notified _____ <i>(date)</i>	<input type="checkbox"/> Documented student's record _____ <i>(date)</i>				